STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	02/09/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF VENICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **600 CENTER RD** **VENICE, FL 34292**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial and Limited Nursing Service survey was conducted from to / at Windsor of Venice, an Assisted Living Facility, in Venice, Florida.

The following is description of the deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations and staff interview, unlicensed staff assisting with self-administration of medications failed to inform 3 (Residents #13, #14, and #11) of 3 residents of the medications they were providing to the residents.

The findings included:

1. Observation during assistance with self-administration of medication for Resident #13 on at 8:20 a.m., showed Resident Care Assistant (RCA) Staff D remove a yellow plastic pill package out of the medication cart. The pill package included a supply of medications for the 8:00 a.m. dose Resident #13 was to receive. The following medications (pills) were observed inside of the single dose bubble package: Pearles 100 mg., 0.5 mg., 6.25 mg., 0.1 mg., 75 mg., 5 mg., 50 mg., 0.4 mg.

In addition to the pills, Resident #13 was ordered to receive and a generic form of in a cup of liquid. Staff D mixed these medications inside a cup of water. She removed an Anoro 62.5-25 mcg. inhaler out of the medication cart.

Staff D placed all of the medications into a pill cup, gathered the mixture of and as well as the inhaler, walked over to Resident #13, handed the pill cup and liquid mixture to Resident #13 who self-administered his medications. Staff D did not inform Resident #13 what medications he was taking.

2. On / at 8:30 a.m., RCA Staff D removed a pill package out of the medication cart that contained the following medications: 250 mg., 12.5 mg., 250 mg., 20 mg., Oxybutinin ER 15 mg., Spironoalactone 25 mg., D 2,000 IU (International Units) and Multaq 400 mg. RCA Staff D placed all of the medications inside of a pill cup.

RCA Staff D removed a bottle of Promod supplement and poured 30 cc's into a pill cup.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	02/09/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF VENICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **600 CENTER RD** **VENICE, FL 34292**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RCA Staff D walked over to Resident #14, handed her the medications and Resident #14 self-administered her own medications. Resident #14 mixed the Promod into her apple juice and then drank the mixture.

RCA Staff D failed to inform Resident #14 what medications she was taking.

3. On ... at 11:56 a.m., Certified Nursing Assistant Staff A removed a bottle of ... tears out of the medication cart for Resident #11. She walked over to Resident #11 and without informing her of the name of the medication, Staff A administered the eye drops to Resident #11.

4. In an interview on .../... at 3:00 p.m., the nurse consultant confirmed the staff should have informed the residents what they were receiving and said she would conduct a medication course next week.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility staff failed to ensure inhalation solutions for residents were properly stored in the medication ....

The findings included:

1. Observation of the medication ... the presence of Licensed Practical Nurse Staff E on ... at 1:13 p.m. showed a plastic basket resting on top of a small refrigerator. Staff E lifted the basket up and inside the basket among ... syringes, ... packets and gauze were 15 tubes of unsecured and unlabeled ... and ... 0.5 mg./3ml inhalation solution. Four unlabeled and unsecured tubes of Perforomist Inhalation solution 20 mcg/2ml were also located inside the basket.

An interview with Staff E, at the time of the observation, revealed she did not know where the medications came from or why they were inside the basket used for checking the residents' ... levels. She said the basket is used by the second shift nurse and she would check and see where the medications came from. The nurse said the inhalation solutions should have been kept inside the medication storage cabinet.

Class III

0078 Staffing Standards - Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	02/09/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF VENICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **600 CENTER RD** **VENICE, FL 34292**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on review of personnel files and interview with the Regional Director, the facility failed to ensure 1 (Staff B) of 3 employees provided documented evidence by a health care provider they were free from a communicable within 30 days after employment.

The findings included:

On at approximately 1:00 p.m., the personnel file for Staff B was reviewed in the presence of the Regional Director (RD). The RD showed Staff B was hired on . The RD could not locate any evidence where Staff B submitted a written statement from her health care provider documenting Staff B did not have any signs or symptoms of a communicable .

The RD said she would ensure this would be taken care of immediately.

Class III

0081 Training - Staff In-Service

Based on personnel file record review and interview with the Regional Director, 1 (Staff B) of 3 employees personnel files failed to show evidence of elopement response training within 30 days of employment.

The findings included:

On at approximately 1:00 p.m., the personnel file for Staff B was reviewed in the presence of the Regional Director (RD). The RD showed Staff B was hired on . The file did not provide evidence Staff B received training in elopement response.

Interview with the RD at the time of the review confirmed there was no evidence of elopement response training for Staff B.

Class III

0090 Training -

Based on personnel record review and interview with the Regional Director (RD), the facility failed to ensure 1 (Staff B) of 3 staff employees received training related to ( ) within 30 days after employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967748	**02/09/2016**
NAME OF PROVIDER OR SUPPLIER **WINDSOR OF VENICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **600 CENTER RD** **VENICE, FL 34292**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

The findings included:

On at approximately 1:00 p.m., the personnel file for Staff B was reviewed in the presence of the RD. The RD showed Staff B was hired on ../../.. The file did not provide evidence Staff B received training in .

Interview with the RD at the time of the review confirmed there was no evidence Staff B received training in the facility's policies and procedures regarding .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Windsor Of Venice
600 Center Rd
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com